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SERIAL NUMBER 10/655,980	FILING OR 371(c) DATE 09/05/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. P-11669.00
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**APPLICANTS**

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\*\* CONTINUING DATA *[Signature]*\*\* FOREIGN APPLICATIONS *[Signature]***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/05/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 15	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>[Signature]</i> Allowance Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**

27581

**TITLE**Deflectable medical therapy delivery device having common lumen profile *[Signature]*

FILING FEE RECEIVED 1164	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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